

MEDHOLD/ADHC Process

Introduction A reservist serving on Active Duty for 31 days or more who incurs a line of duty injury/illness requiring extensive medical care **MAY** be entitled to Medical Hold (MedHold) Orders. Medical Hold orders in excess of 31 days or more. ADHC Orders are prescribed for Active Duty of 30 days or less and/or ADT or IDT. The process for both is essentially the same, though care must be taken to ensure proper funding.

References

- Reserve Policy Manual, COMDTINST M1001.28 (series), Ch. 6
- Coast Guard Medical Manual, COMDINST M6000.1E
- Coast Guard Weight Manual, COMDTINST M1020.8H
- ALCGRSV 058/10, Retention of Reservists on Medical Hold
- ALCGRSV 061/10, Active Duty for Health Care
- Reserve Medical Guide
- Coast Guard Administrative Manual COMDTINST M5830.1

Documents Required The following documents are required for approval of MedHold/ADHC Requests:

- Physician's Report (PR)
- Line of Duty determination, CG 3822
- Rib Request Form
- DD-2870
- CG 3307 (RIB-2/3)

Process

Stage	Who Does It	What Happens
1	Member	<ul style="list-style-type: none">• Immediately reports injury or illness to command.
2	Unit	<ul style="list-style-type: none">• Interviews member and completes CG 3822 to determine Line of Duty (LOD) status (see NOTE 1).• Counsels member to obtain a PR and MedHold/ADHC process (see NOTE 2).
3	Member	<ul style="list-style-type: none">• Obtains PR from a Military Medical Officer (MMO).

4	Unit	<ul style="list-style-type: none"> Forwards LOD, PR, RIB Request Form, and all relevant medical documentation (civilian and military) to PAC-13 for Review at D11-SMB-MEDHold-NOE@USCG.MIL.
5	PAC-13	<ul style="list-style-type: none"> Reviews and forwards submitted MEDHOLD/ADHC Package to ARL-DG-CGPSC-RPM_RESERVE_MEDICAL@USCG.MIL. Rib Request form will serve as the request for authorization.
6	CGPSC-RPM	<ul style="list-style-type: none"> Provides determination via endorsed RIB Request Form. If Approved, provides unit and PAC-13 Medical Hold or ADHC Orders start/stop dates and required guidance.
7	Unit	<ul style="list-style-type: none"> Completes CG-3307 (RIB-2/3) with ICD-9 codes, dates, etc. (see NOTE 3). Counsels member to sign memo and CG-3307 (RIB-2) acknowledging MedHold requirements and benefits and returns to PAC-13 within 5 business days. Generates MedHold/ADHC Orders in DA as directed by the Approval Message from PSC-RPM, with proper Contingency/Non-contingency designation and funding (see NOTE 4). Forwards Orders to PAC-13 for approval.
8	PAC-13	<ul style="list-style-type: none"> Reviews CG-3307/RIB-2/3 and forwards to CGPSC-RPM.
9	PAC-13	<ul style="list-style-type: none"> Reviews Orders in conjunction with approval message.
10	Member and Unit	<p style="text-align: center;">EXTENSIONS:</p> <ul style="list-style-type: none"> Submit updated PR within the last 30 days and medical documentation along with an updated and unit endorsed RIB Request Form to PAC-13. Documentation must be submitted no later than 5 working days prior to the 30 day PR requirement. Any documentation submitted beyond the 5 working day requirement is subject to termination of orders.
11	PAC-13	<ul style="list-style-type: none"> Reviews, endorses, and forwards RIB Request Form along with any other applicable documentation to CGPSC-RPM.
12	Member and Unit	<p style="text-align: center;">• TERMINATION</p> <ul style="list-style-type: none"> Send AFFD PR, or request for transition to NOE to PAC-13 (see NOTE 5). A new RIB Request Form will be required for a transition to a NOE.
13	PAC-13	<ul style="list-style-type: none"> Reviews and forwards AFFD PR or RIB Request Form for a NOE transition request to CGPSC-RPM.
14	PSC-RPM	<ul style="list-style-type: none"> Updates database to reflect AFFD, or provides NOE determination via endorsed RIB Request Form (see NOE process for detail).
		<ul style="list-style-type: none">

****NOTE 1:** All **LODs** must include the date of injury, dates for all medical treatment, date the LOD was completed, and be signed by the unit CO or representative with “By direction” authority.

****NOTE 2:** All **PRs** must include numbered ICD-9 codes and a clear, concise, and detailed Treatment Plan.

****NOTE 3:** **CG-3307 (RIB-2)** must have dates, ICD-9 codes, and other information inserted in the spaces (parenthesis) provided prior to counseling the member, initialing and sending to PAC-13.

****NOTE 4:**

- **Contingency ADOS(12301(d)/T10 Invol (12302) Medhold Orders** are funded by the OCO-79902 account (if per diem is authorized), issued as 12301(h)
- **Short-term MedHold Orders** (180 days or less) are funded by the same funding source as the original active duty orders (usually the unit, ADOS-AC).
- **Long-term MedHold Orders** (181 days or greater) are funded by AFC-01 (ADOS-AC), or AFC-90 (ADOS-RC) per request to CG-PSC-RPM.
- **ADHC Orders** are funded by HQ/ADHC Account-003465, unless otherwise stipulated by RPM in the Approval Message.
- Medical Hold orders are considered Active Duty for Other Than Training. requests to retain reservists on active duty beyond 16 and 18 years combined active service, or over 30 years shall be submitted in conjunction with requests for Medical Hold orders.

****NOTE 5:** The member will be unable to perform any kind of Active Duty (ADT, ADOS), or accept PCS orders until RPM receives an Available for Full Duty (AFFD) PR by a MMO.

****NOTE 6:** A Medical Evaluation Board must be initiated by the unit when:

- Member is not expected to be AFFD within 180 days
- Remains other than AFFD for more than 180 days
- Fit for Light Duty status for 365 days (must have TLD)
- Meets a disqualifying diagnosis.